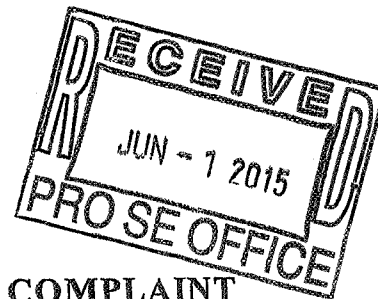


UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKNeil V Geribaldi

(In the space above enter the full name(s) of the plaintiff(s).)



COMPLAINT

-against-

New York City,
Robert Johnson / as / and
BRONX District Attorney's Office
New York City Police Department
Jury Trial: ☐ Yes ☐ No
(check one)

15CV4452

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Street Address

County, City

State & Zip Code

Telephone Number

Neil V Geribaldi2321 Belmont Ave, Suite 2DBRONX, NY 10458New York New York 10458646 229 7974

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Street Address

New York City1 Centre Street

County, City New York, New York
 State & Zip Code New York,
 Telephone Number _____

Defendant No. 2 Name New York City Police Department
 Street Address Police Plaza
 County, City New York New York
 State & Zip Code New York
 Telephone Number _____

Defendant No. 3 Name Robert Johnson As Bronx District Atty
 Street Address 215 E 161 St Streg
 County, City Bronx New York
 State & Zip Code New York 10457
 Telephone Number 718 590 2000

Defendant No. 4 Name Bronx District Attorney's Office
 Street Address 215 E 161 St Street
 County, City Bronx New York
 State & Zip Code New York 10457
 Telephone Number 718 590 2000

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? United States Constitutional Rights
Right against Mischous Prosecution
And False Arrest

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant event.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? On or About June 6, 2003 in New York County, New York State and Bronx New York
- B. What date and approximate time did the events giving rise to your claim(s) occur? On or About June 6, 2003

C. Facts: I was falsely arrested without probable cause and a proper investigation by the New York Police Department of Allegations of a mentally ill complainant and without a proper investigation of the facts and circumstances claimed. The false arrest was made by police officers. The US Police have not failed to investigate the facts and circumstances of the case despite my being a Reverend, an attorney, a former Bronx District Attorney and a United States candidate and complainant having a record of mental problems and recently being sent to a mental hospital. This case was prosecuted by the Bronx District Attorney fraudulently and without a proper investigation and for political and improper personal reasons of Robert Johnson, the Bronx District Attorney and his office.

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I lost and still suffer loss of reputation. There was a loss of business as an attorney and in my business. I was a candidate for US Congress and New York City Mayor and as a result of the long and improper prosecution of this case I suffered serious, in injuries to my name and emotional damages I suffered emotional damages, great pain and suffering to the present and loss of reputation and business.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

I am seeking \$150,000,000 One hundred and Fifty million dollars in damages.
I am seeking triple damages of this amount for all that has been stated in this document

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 1 day of June, 2015.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Ned V. Grondh
2321 Belmont Ave
Suite 2D
Brooklyn NY 10438
646 229 7979

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____